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M 000	Initial Comments The State Agency (SA) conducted an annual recertification along with a complaint investigation (CI) MS #26921 at the facility from 3/3/25 through 3/6/25. During the survey, the SA determined that the facility was not in compliance with the Mississippi Regulations for Minimum Standards for Institutions for the Aged or Infirm and cited M 500, M 610 M 625, M 705, M 780, M 1010, and M 1210. The SA identified non compliance and cited M 1010 and M 1210 for physical environment and cited M 610 for activities of daily living regarding CI MS#26921. The census at the time of the survey was 109 and the facility is licensed for 116 beds.	M 000		
M 500	45.17.2 Residents' Rights Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility: 1. is fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission and during stay, of these rights and is given a statement of the facility's rules and regulations and an explanation of the resident's responsibility to obey all reasonable regulations of the facility and to respect the personal rights and private property of other residents; 2. is fully informed, and is given a written statement prior to or at time of admission and during stay, of services available in the facility, and of related charges including any charges for services covered by the facility's basic per diem rate; 3. is assured of adequate and appropriate	M 500		4/24/25

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M 500	Continued From page 1 medical care, is fully informed by a physician or nurse practitioner/physician assistant of his medical conditions unless medically contraindicated (as documented by a physician or nurse practitioner/physician assistant in his medical record), is afforded the opportunity to participate in the planning of his medical treatment, to not be limited in his/her choice of a pharmacy or pharmacist provider in accordance with state law, as referenced in House Bill 1439, which states that the facility shall not limit a resident ' s choice of pharmacy or pharmacy provider if that provider meets the same standards of dispensing guidelines required of long term care facilities, to refuse to participate in experimental research, and to refuse medication and treatment after fully informed of and understanding the consequences of such action; 4. is transferred or discharged only for medical reasons, or for his welfare or that of other residents, or for nonpayment for his stay (except as prohibited by sources of third-party payment), and is given a two weeks advance notice in writing to ensure orderly transfer or discharge. A copy of this notice is maintained in his medical record; 5. is encouraged and assisted, throughout his period of stay, to exercise his rights as a resident and as a citizen, and to this end may voice grievances, has a right of action for damages or other relief for deprivations or infringements of his right to adequate and proper treatment and care established by an applicable statute, rule, regulation or contract, and to recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion,	M 500		

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M 500	Continued From page 2 discrimination, or reprisal; 6. may manage his personal financial affairs, or is given at least a quarterly accounting of financial transactions made on his behalf should the facility accept his written delegation of this responsibility to the facility for any period of time in conformance with State law; 7. is free from mental and physical abuse; 8. is free from restraint except by order of a physician or nurse practitioner/physician assistant, or unless it is determined that the resident is a threat to himself or to others. Physical and chemical restraints shall be used for medical conditions that warrant the use of a restraint. Restraint is not to be used for discipline or staff convenience. The facility must have policies and procedures addressing the use and monitoring of restraint. A physician order for restraint must be countersigned within 24 hours of the emergency application of the restraint; 9. is assured security in storing personal possessions and confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the facility, except, in the case of his transfer to another health care institution, or as required by law of third-party payment contract; 10. is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs; 11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care;	M 500		

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M 500	Continued From page 3 12. may associate and communicate privately with persons of his choice, may join with other residents or individuals within or outside of the facility to work for improvements in resident care, and send and receive his personal mail unopened, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 13. may meet with, and participate in activities of, social, religious and community groups at his discretion, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 14. may retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other residents, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 15. if married, is assured privacy for visits by his/her spouse; if both are inpatients in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician or nurse practitioner/physician assistant in the medical record); and 16. is assured of exercising his civil and religious liberties including the right to independent personal decisions and knowledge of available choice. The facility shall encourage and assist in the fullest exercise of these rights. This Statute is not met as evidenced by: Level II Pattern	M 500	A. For Resident #27 all items of missing	

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M 500	Continued From page 4 Based on resident and staff interviews, record review, and facility policy review, the facility failed to resolve a resident grievance in a timely manner related to missing clothing, activities, and noisy environment for four (4) of seven (7) residents that attended resident council. Residents #27, #76, #100, and #309 Findings Include: Review of the facility policy titled "Grievance/Complaint Policy" unrevised, revealed, "It is a policy of this facility that a resident/responsible party/legal representative has the right to voice grievances as follows: ... All grievances should be directed/reported to the departmental supervisor and departmental director." Review of the facility policy titled "Resident Personal Belongings" unrevised, revealed under, "Policy: It is the policy of this facility to protect the resident's right to possess personal belongings, such as clothing and furnishings, for their use while in the facility." Also revealed under, "Policy Explanation and Compliance Guideline: ... 7. The facility will exercise reasonable care for the protection of the resident's property from loss or theft." Resident #27 On 3/03/25 at 12:13 PM, an interview with Resident #27 (Resident Council President) revealed he had 3 shirts, 2 pairs of pants, and 6 pairs of socks missing. He revealed he had reported the missing items to the staff on several occasions.	M 500	clothing reported by him have been replaced on 03/07/2025. This included two pairs of pants, three t-shirts and six pairs of socks. Social services assistant was issued a personnel action form for not correctly completing a grievance form. The social service director will conduct a weekly meeting with the administrator to ensure all grievances are being addressed/resolved. For Residents #76 and #100 they were interviewed on 03/07/2025 to obtain some activities of interest for them to be held during the week and on weekends. In the process of hiring a weekend activity assistant during the interim time a CNA will be appointed to carryout weekend activities. For Resident #76 and #309 (who has since discharged) the facility purchased a noise tracking device on the 03/07/2025 to monitor the noise level while all management staff is absent from the building. B. All Residents of the facility could be affected by this alleged deficiency of having lost or misplaced laundry. All residents of the facility could be affected by the alleged deficiency of not having varied or weekend activities. All residents of the facility could be affected by the alleged deficiency of the noise level of the facility. C. An in service was conducted on 3/18/2025 by the Staff Development Coordinator with all staff on how to complete a grievance form and who is to receive the form. An in service was held	

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M 500	Continued From page 5 On 3/05/25 at 9:20 AM, an interview with the Case Manager revealed the Ombudsman had come to her office and reported that Resident #27 had missing clothing. She revealed this happened a while back, but she could not recall the date. She revealed she got with the laundry person, and they were going to look for the items. The Case Manager explained that she did not know the status of the clothing, whether it was found or not. An interview with Laundry Staff #1 on 3/05/25 at 9:24 AM revealed she was made aware of Resident #27's missing clothing items about 2 weeks ago. She revealed she had been looking for them but, so far, had not found them. She explained that she would continue to look for the items for a couple more weeks and after that, if she had not located them, she would let the administrator know. An interview with the Long-Term Care Ombudsman on 3/05/25 at 10:10 AM revealed she visited the facility on 2/18/25. She confirmed she had notified the Case Manager that day Resident #27 was missing a black and a white pair of pants, a white shirt with a corvette design on it, a shirt with the saying, "If I didn't remember it, it didn't happen", a white shirt with the tribal inauguration on it, 6 pairs of socks (2 white, 2 gray, and 2 black). She revealed the resident voiced to her that day the clothing had been missing for 3 weeks. Record review of the "Grievance Forms" revealed a grievance was not completed for Resident #27's missing clothing. An interview with Social Services (SS) on 3/05/25 at 1:45 PM revealed she was responsible for	M 500	with the activity director, activity assistant, and weekend staff on 3/18/2025 by the staff development coordinator on providing meaningful and personalized activities throughout the week and the weekend. An in service was also held for all staff on 3/18/2025 by the staff development coordinator on the importance of keeping the noise level under control at all times in the facility. D. Social services assistant will conduct an audit of five residents two times a week for four weeks beginning 3/18/2025, then weekly for two weeks, then monthly times two months to ensure all residents' grievances are being addressed/resolved. Social service director will review the weekly audits for four weeks beginning the week of 3/18/2025, then weekly for two weeks, then monthly times two months to ensure that all residents grievances are resolved/addressed. The results of the audit will be reported to the quality assurance/performance improvement beginning on 4/24/2025, then monthly times two months, then quarterly to ensure that consistent substantial compliance has been met.	

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M 500	Continued From page 6	M 500		

completing the grievances for the facility. She explained that when staff come to her with a complaint or concern, she completes the grievance form and then gives it to the necessary department to follow through. She revealed that she followed up to ensure the grievance was resolved later. SS confirmed a grievance was not completed related to Resident #27's missing clothing and revealed it probably should have been done.

An interview with the Administrator (ADM) on 3/05/25 at 2:00 PM revealed she was not aware that Resident #27 had missing clothing and voiced that she was not made aware of it until this morning. She revealed the laundry department thinks the resident may have thrown away some of his socks because they were too tight. The ADM confirmed the clothing should have been written up as a grievance for tracking purposes so that staff knew and could quickly find a resolution.

Record review of the "Admission Record" revealed the facility admitted Resident #27 on 10/11/24.

Review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/25/25 revealed under section C, a Brief Interview for Mental Status (BIMS) summary score of 15, which indicated Resident #27 was cognitively intact.

Resident Council

During a Resident Council meeting held on 3/05/25 at 1:00 PM, the residents voiced they had discussed in the past meetings wanting more activities. Resident #76 explained there were not

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M 500	Continued From page 7 enough activities. He revealed they play Bingo on Tuesday, which he voiced that he would like to play more often (at least twice weekly). He revealed playing Bingo was the only thing the facility did that met his interest. Resident #100 revealed they (the residents) do not have activities on the weekends. She explained they sometimes have a church group that comes on Sunday. Resident #100 revealed during the week they do nails, arts and crafts, bingo, and stated, "That's about all we do." She explained they may have some preacher or singing on the weekend and stated, "We need activities on the weekends." Resident #76 expressed that not everybody likes arts and crafts, "I don't." He explained that he told them (the staff) that there were not enough activities on the weekend, and they gave out coloring books. He stated, "I'm not a child and I don't like to color." Resident # 309 revealed he was here for therapy. He revealed that during the week, when the office staff were present, the facility had structure but, on the weekends, "It's an entirely different atmosphere." He explained on the weekends it was a new group that came in and revealed it sounded like a cow bawling at times. Furthermore, he revealed that he had never heard such noise. He explained that his room was close to the nurse's station and the noise was so bad that he could not sleep. He revealed he would rather not move to another room because he liked his roommate. The residents agreed this was a big concern to them. Resident #309 revealed he had reported the noise to the staff and even to his aide. Resident #76 revealed he had complained several times about the noise on the weekends. He explained that the staff carry on loudly, play music, gather around the desk, and keep up too much noise. Resident #76 explained that he had been woken up many times at night due to the noise level.	M 500		

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M 500	Continued From page 8 Record review of the "Resident Council Meeting Minutes" dated 12/2/24 revealed under, "Material Discussed: Resident #76 stated weekends nights to loud and staff on the phone in hallway." An interview with the Administrator (ADM) on 3/05/25 at 2:00 PM revealed she was not aware that the residents had voiced complaints related to the noise level on the weekends. She revealed she did have staff that came in to check on things and revealed most of the staff that worked on the weekends were facility employees with a few agency staff. She acknowledged this concern should have been written up as a grievance. An interview with the Activity Director on 3/05/25 at 2:30 PM revealed they (the facility) did many activities during the week to meet the residents' interest. She revealed picking activities to meet all their preferences was getting harder and harder due to the age group that the facility was getting now. She explained that their youngest resident was in his 20's and revealed it was difficult to plan activities for all age groups. The Activity Director confirmed they had discussed in Resident Council doing more activities. She revealed she had explained to them, if they could come up with something they wanted to do, she was willing to try it. She confirmed they did not have an activity person for the weekend and revealed they sometimes have a church to come. The AD revealed if a concern was discussed during resident council, she would tell the Director of Nursing, or the Assistant Director of Nursing, and they would write up a grievance to investigate. She revealed she told the Assistant Director of Nursing about the Resident #76's complaint about the noisy weekend environment.	M 500		

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M 500	Continued From page 9 An interview with the Assistant Director of Nursing (ADON) on 3/06/25 at 8:10 AM revealed he did not recall being made aware of Resident #76's complaint regarding the noise level on the weekends. Review of the "Admission Record" revealed the facility admitted Resident #76 on 7/30/21 with a medical diagnosis that included type 2 diabetes mellitus with unspecified complications. Review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 1/28/25 revealed, under section C, a Brief Interview for Mental Status (BIMS) summary score of 15, which indicated Resident #76 was cognitively intact. Review of the "Admission Record" revealed the facility admitted Resident #100 on 10/14/24 with a medical diagnosis that included chronic kidney disease, stage 3. Review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/31/24 revealed, under section C, a Brief Interview for Mental Status (BIMS) summary score of 13, which indicated Resident #100 was cognitively intact. Review of the "Admission Record" revealed the facility admitted Resident #309 on 2/18/25 with a medical diagnosis that included type 2 diabetes mellitus with foot ulcer. Review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/25/25 revealed, under section C, a Brief Interview for Mental Status (BIMS) summary score of 15, which indicated Resident # 309 was cognitively	M 500		

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M 500	Continued From page 10 intact.	M 500		
M 610	45.21.2 Activities of daily living Activities of daily living. Each resident shall receive assistance as needed with activities of daily living to maintain the highest practicable well being. These shall include, but not be limited to: 1. Bath, dressing and grooming; 2. Transfer and ambulate; 3. Good nutrition, personal and oral hygiene; and 4. Toileting. This Statute is not met as evidenced by: Level II Based on observation, resident and staff interview, record review, and facility policy review, the facility failed to ensure a resident dependent on staff for Activities of Daily Living (ADLs) received oral care and nail care for one (1) of 25 sampled residents. Resident #74 Findings Include: Review of the facility policy titled "Activities of Daily Living Policy" with a revision date of 7/2014, revealed under, "Policy Statement: Based on previous evaluations and current date, the nursing staff, in conjunction with Attending Physician, Consultant Pharmacist, therapy staff, and others, will seek to identify the level of care a resident requires for ADLs." An observation of Resident #74, on 3/03/25 at	M 610	A. For resident #74 nail care and oral care was performed on 3/06/2025 to ensure nails were trimmed and cleaned and mouth was cleaned. An audit was done by the unit manager on 3/07/2025 on all dependent residents requiring activities of daily living care, with no issues being found. The unit manager will now update activity of daily living kardex at weekly care plan meeting. B. Any dependent residents that require assistance with activities of daily living care could be affected by this alleged deficient practice. C. An in-service was conducted by the Staff Development Coordinator on 3/18/2025 with all licensed employees on the requirement of completing activities of daily living care with dependent residents,	4/24/25

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M 610	Continued From page 11 12:00 PM, revealed he was lying in bed with fingernails that were approximately 1 inch (in.) in length on the left hand with a brown substance on each nail and one nail that was broken off and hanging inside his palm. The residents' upper and lower teeth and lower gum line were covered in a thick white substance. An observation with interview on 3/05/25 at 7:50 AM with Resident #74 revealed no change in the resident's appearance and he stated that he had asked the staff in the past to brush his teeth. An observation and interview with Registered Nurse (RN) #1 on 3/05/25 at 8:00 AM confirmed Resident #74 had long nails on the left fingers that could cause skin breakdown due to his contracted fingers, which were turned inward toward the palm. She revealed the nurses, or the aides, could trim his nails. RN #1 described the residents' teeth as, "They need brushing." She confirmed that staff failing to do this could cause gingivitis and tooth decay. She revealed the aides were responsible for brushing his teeth daily. An interview with the Administrator (ADM) on 3/05/25 at 2:00 PM revealed her expectations were for staff to perform the care tasks listed and document accordingly. Record review of the March 2025 "Documentation Survey Report" for Resident #74 revealed the resident requires total dependence for personal hygiene with the assist of 1- two (2) staff. Record review of the "Admission Record" revealed the facility admitted Resident #74 on 2/02/22 with medical diagnoses that included Cerebral Infarction and Hemiplegia Unspecified	M 610	also if dependent residents refuse activities of daily living care the importance of documenting refusal and notifying physician of refusal. D. Charge Nurses or Unit Manager will conduct audits on five dependent residents activities of daily living care is being performed starting 3/18/2025 two times a week for four weeks, then weekly for two weeks, then monthly times two months to ensure activities of daily living care is being performed for dependent residents. Director of Nursing or Assistant Director of Nursing will review weekly audits starting 3/18/2025 two times a week for four weeks, then weekly for two weeks, then monthly times two months to validate accuracy of audits. The results of the audit will be reported to the quality assurance/performance improvement committee on 4/24/2025, then quarterly until such time consistent substantial compliance has been met.	

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M 610	Continued From page 12 Affecting the Left Nondominant Side. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/11/25 revealed, under section C, a Brief Interview for Mental Status (BIMS) summary score of 15, which indicated that Resident #74 was cognitively intact.	M 610		
M 625	45.21.5 Range of motion Range of motion. Residents with limited range of motion shall receive treatment and services to increase range of motion or prevent further decline in range of motion. This Statute is not met as evidenced by: Level II Based on observation, resident and staff interviews, record review, and facility policy review, the facility failed to ensure hand rolls were applied for a resident with finger contractures for one (1) of 25 sampled residents. Resident #74 Findings Include: Review of the facility policy titled "Prevention of Decline in Range of Motion" unrevised, revealed under, "Policy: Residents who enter the facility without limited range of motion will not experience a reduction in range of motion unless the resident's clinical condition demonstrated that a reduction in range of motion is unavoidable." Record review of the Treatment Administration Record (TAR) revealed an order dated 7/08/24, "Caregiver to don (put on) B (bilateral) hand rolls	M 625	A. For resident #74 hand rolls were applied on 3/06/2025 to prevent skin breakdown and prevent further contraction of hand. For resident #74 charge nurse will check daily to ensure hand rolls are in place. Both charge nurses conducted an audit on 3/07/2025 on all residents that require devices for contraction management to ensure devices are available and are put in place. Both charge nurses will check all residents that require devices for contraction management on daily round to ensure that devices are being properly applied. B. Any residents with limited range of motion could be affected by this alleged deficient practice. C. An in-service was conducted by the Staff Development Coordinator on 3/18/2025 with all licensed employees on	4/24/25

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M 625	Continued From page 13 to B (bilateral) hands to decrease risk of skin breakdown and decrease risk of further contracture formation with skin checks/cleanse at the end of each shift to ensure no adverse effects x (times) 7 days a week every shift." The hand rolls were signed as applied/administered on each shift (day, evening, and night) for the dates of 3/3/25 and 3/4/25. An observation on 3/03/25 at 12:00 PM revealed Resident #74 lying in bed. Contractures observed to both hands/fingers with no device in place for contracture management. An observation of Resident #74 on 3/04/25 at 10:15 AM revealed he was lying in bed without hand rolls in place. An observation and interview on 3/05/25 at 7:50 AM with Resident #74 revealed the resident was lying in bed with no hand rolls in place. The resident voiced that sometimes the staff applied a hand towel inside his hands but confirmed that he did not have any now. An observation and interview with Registered Nurse (RN) #1 on 3/05/25 at 8:00 AM confirmed Resident #74 were supposed to have hand rolls that the nurses applied, but did not have the hand rolls in place. She revealed the resident could develop worsening contractures and skin breakdown by not wearing them as ordered. Record review of the "Therapist Progress & (and) Discharge Summary" dated 1/04/24 revealed under, "Discharge Plans & (and) Instructions: Patient discharged to nursing care for placement of B (bilateral) hands rolls to decrease risk of skin breakdown as well as decreased risk of further contracture formation."	M 625	the requirement of ensuring hand rolls are in place as resident allows, if residents refuse hand rolls to be put in to place it is vital to document refusal and notify the physician of refusal. D. Charge Nurses or Unit Manager will conduct audits starting 3/18/2025 two times a week for four weeks, then weekly for two weeks, then monthly times two months to ensure hand rolls are in place on residents that require them and if they refuse the documentation has been done to show refusal. Director of Nursing or Assistant Director of Nursing will review weekly audits starting 3/18/2025 two times a week for four weeks, then weekly for two weeks, then monthly times two months to validate accuracy of audits. The results of the audit will be reported to the quality assurance/performance improvement committee on 4/24/2025, then quarterly until such time consistent substantial compliance has been met.	

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M 625	Continued From page 14 An interview with the Occupational Therapist (OT) on 3/05/25 at 8:34 AM revealed she recommended Resident #74 to wear hand rolls due to his severe hand/finger contractures. She revealed the purpose of him wearing them was to prevent skin breakdown and further worsening of his contractures, and confirmed without staff applying them, his contractures could become worse. An interview with the Administrator (ADM) on 3/5/25 at 2:00 PM confirmed that the staff should be applying Resident #74's hand rolls or have documentation to reflect why it was not. Record review of the "Admission Record" revealed the facility admitted Resident #74 on 2/02/22 with medical diagnoses that included Cerebral Infarction and Hemiplegia Unspecified Affecting the Left Nondominant Side. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/11/25 revealed, under section C, a Brief Interview for Mental Status (BIMS) summary score of 15, which indicated that Resident #74 was cognitively intact. Also revealed under section GG, functional limitation in range of motion (shoulder, elbow, wrist, hand), impairment on both sides was marked.	M 625		
M 705	45.24.2 Policies and procedures Policies and procedures. Each facility shall have policies and procedures to assure the following: 1. Accurate acquiring;	M 705		4/24/25

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M 705	Continued From page 15 2. Receiving; 3. Dispensing; 4. Storage; and 5. Administration of all drugs and biologicals. This Statute is not met as evidenced by: Level II Based on observation, staff interview, and facility policy review, the facility failed to ensure a medication cart was locked and secured for one (1) of four (4) survey days. Findings Include: Review of the facility policy titled "Medication Storage" unrevised, revealed, "Policy Explanation and Compliance Guidelines ... c. During a medication pass, medications must be under the direct observation of the person administering medications or locked in the medication storage area/cart." An observation on 3/03/25 at 12:45 PM revealed the medication cart located on C hall was unlocked and unattended without a nurse in view. An observation and interview with Licensed Practical Nurse (LPN) #1 on 3/03/25 at 12:49 PM confirmed she walked away from the medication cart and left it unlocked. She explained that she got called away and forgot to lock it. LPN #1 revealed leaving the medication cart unlocked gave the residents access to the cart and stated, "Any of the residents can get in it and take something."	M 705	A. For Licensed Practical Nurse #1 she has been educated and issued a personnel action form on 3/25/2025 by the director of nursing regarding keeping medication cart locked and secured at all times while away from the medication cart. B. Any resident that has the ability to ambulate to medication cart could be affected by this alleged deficient practice. C. An in service was conducted on 3/18/2025 by the Staff Development Coordinator with all licensed nurses on the correct practice of keeping the medication cart locked and secured to prevent any harm to residents. D. Assistant Director of Nursing or Unit Manager will audit all medication carts two times a week for four weeks, weekly for two weeks, and then monthly times two months starting on 3/18/2025 to determine compliance with medication cart being locked and secured correctly. The Director of Nursing or Administrator will review audits two times a week for four weeks, weekly for two weeks, and then monthly times two months starting on 3/18/2025 to validate accuracy of audits. The results of the audit will be reported to the quality	

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M 705	Continued From page 16 An interview with the Administrator (ADM) on 3/04/25 at 10:11 AM confirmed the nurses should never leave the medication cart unlocked when out of view. She revealed that any resident could walk by and take some medication and have an allergic reaction.	M 705	assurance/performance improvement committee on 4/24/2025, then quarterly until such time consistent substantial compliance has been met.	
M 780	45.27.2 Activity Program Activity Program. Provisions shall be made for suitable recreational and entertainment activities for resident according to their needs and interests. These activities are an important adjunct to daily living and are to encourage restoration to self-care and resumption of normal activities. Variety in planning shall include some outdoor activities in suitable weather. This Statute is not met as evidenced by: Level II Based on resident and staff interviews, record review, and facility policy review, the facility failed to provide activities that met the interest of the residents for three (3) of 25 sampled residents. Resident #6, #9, and #41 Findings Include: Review of the facility policy titled "Activities" revealed under, "Policy: It is the policy of this facility to provide an ongoing program to support residents in their choice of activities based on their comprehensive assessment, care plan, and preferences. Facility-sponsored group, individual, and independent activities will be designed to meet the interest of each resident, as well as support their physical, mental, and psychosocial	M 780	A. For Residents #6, #9 and #41 they were interviewed by the activity director on 3/07/2025 to obtain some activities of interest for them to be held during the week and on weekends. Activity director modified the facility activity schedule on 03/07/2025 to show scheduled activities during the weekend. The facility is in the process of hiring a weekend activity assistant, during the interim time a certified nursing aide will be responsible for carrying out the scheduled activities on the weekend. During monthly resident council meeting the activity director will interview residents to determine if activities meet interest and if activities are being held on the weekends. B. All residents of the facility could be	4/24/25

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M 780	Continued From page 17 well-being." Resident #6 During an interview on 3/4/25 at 9:00 AM, Resident #6 stated the facility does not offer activities on the weekends and she would like to have activities on these days as well as during the week. She revealed she had been sick and had preferred to do activities in her room, but lately she felt better and wanted to participate in group activities. An interview with the Activity Director (AD) on 3/5/25 at 8:00 AM, revealed she worked Monday through Friday and on the weekends the charge nurse would assist the residents with independent activities. She stated she left puzzles and coloring sheets for the residents that wanted to do those activities. She stated that church groups would occasionally have services in the facility on the weekend, but otherwise, she confirmed there were no organized group activities planned for the residents on the weekend. An interview with the Administrator (ADM) on 3/6/25 at 8:45 AM, revealed the facility did not have a weekend activity staff member, but she was attempting to hire one. She stated the Activity Director would leave puzzles and coloring sheets for the residents. She confirmed the facility failed to provide structured and scheduled activities on the weekends for the residents that preferred to participate on those days. Review of the February and March 2025 activity schedules confirmed on Saturdays and Sundays "Independent activities of choice" was listed.	M 780	affected by the alleged deficiency of not having varied or weekend activities. C. An in service was conducted on 3/18/2025 by the Staff Development Coordinator was completed with the activity director, activity assistant, and weekend staff on providing meaningful and personalized activities throughout the week and the weekend. D. Activity Director will monitor the activity log for participation in weekend activities for five residents and also interview five residents on whether activities of interest are being provided weekly for four weeks starting 3/18/2025, then every other week for two weeks, then monthly times two months. The Administrator will review the weekly audits for four weeks beginning the week of 3/18/2025, then every other week for two weeks, then monthly times two months to ensure that residents are having activities to participate in on the weekends. The results of the audit will be reported to the quality assurance/performance improvement beginning on 4/24/2025, then quarterly to ensure that consistent substantial compliance has been met.	

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M 780	Continued From page 18 Record review of the February 2025 "Activity Attendance Record" for Resident #6 revealed there was no activity documentation for the weekend days. Record review of Resident #6's "Admission Record" revealed the facility admitted her on 12/16/2020. Her diagnoses included Hemiplegia and Hemiparesis following Cerebral Infarction, Type 2 Diabetes Mellitus, and Dementia. Record review of Resident #6's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/19/24 Section C revealed a Brief Interview for Mental Status (BIMS) score of 15 which indicated this resident was cognitively intact. Review of section F revealed for the question "how important is it to you to do your favorite activities" and the resident's response was "very important". Resident #9 During an interview on 3/04/25 at 8:46 AM, Resident #9 stated she participated in the bingo and singing activities during the week, but there were not any activities on the weekends. She stated she would like for the facility to offer activities on the weekend for her and other residents to participate in. Record review of the February 2025 "Activity Attendance Record" for Resident #9 revealed there was no activity documentation for the weekend days of the month. Record review of Resident #9's "Admission Record" revealed the facility admitted the resident on 7/6/2018 originally with the most recent admission date of 10/2/24. Diagnoses included	M 780		

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M 780	Continued From page 19 Type 2 Diabetes Mellitus, Chronic Obstructive Pulmonary Disease, and Hemiplegia and Hemiparesis following Cerebral Infarction. Record review of Resident #9's MDS with an ARD of 10/24/24 Section C revealed a BIMS score of 15 which indicated the resident was cognitively intact. Review of Section F revealed for the question "how important is it to you to do your favorite activities" and the resident's response was "very important". For the question "how important is it to you to do things with groups of people" the resident's response was "very important". Resident #41 An interview with Resident #41 on 3/05/25 at 8:10 AM revealed she liked to play cards such as Spades and Monopoly. She revealed there were no activities on the weekends and all they did was sit around. The resident explained that during the weekend they (the facility) sometimes had church singing, but she did not like music. She revealed she would like more things to do that she liked. She voiced they (the residents) do have puzzles that were always available, but she was tired of that. Record review of Resident #41's February 2025 "Activity Attendance Record" revealed there was no activity participation for the weekend days of the month. Also revealed the resident was marked as participating in outside time (smoking), hall social, watching TV, and being up in her wheelchair. An interview with Certified Nurse Aide (CNA) #1 on 3/05/25 at 7:55 AM revealed she worked some weekends. She confirmed the facility did not have	M 780		

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M 780	Continued From page 20	M 780		

weekend activities and stated, "We sometimes have church members that come sing, but it's not often." She revealed there were no other activities conducted on the weekends.

An interview with Housekeeping #1 on 3/05/25 at 9:18 AM revealed she worked four (4) days on and two (2) days off, which included her working some weekends. She confirmed the facility had no weekend activities and stated, "No, they don't do anything."

Record review of the January, February 2025 activity calendars revealed on the weekends, "Independent activities of choice" were listed.

An interview with the AD on 3/05/25 at 2:30 PM revealed she had been in the activity position for about five (5) years and acknowledged the residents should have activities, including the weekends, which included their likes. The AD revealed Resident #41 liked to play Bingo. She revealed that she included smoking as part of the resident's activity record and hall social, which included social conversation while she was waiting in the hall to go smoke. She revealed, in her opinion, she had done all she could do to meet the interest of Resident #41.

Record review revealed the Activity Director completed the "40 Hour Basic Activity Director Course" dated 11/8/21.

Record review of the "Admission Record" revealed the facility admitted Resident #41 on 9/6/24 with a medical diagnosis that included Hemiplegia and Hemiparesis following Cerebral Infarction Affecting the Right Dominant Side.

Record review of the MDS with an ARD of

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M 780	Continued From page 21 9/16/24 revealed under, Section C, a BIMS summary score of 13, which indicated Resident #41 was cognitively intact. Also revealed, under section F0500 ... "F. How important is it to you to do your favorite activities? Very important" was marked.	M 780		
M1010	45.35.1 Housekeeping Facilities and Services Housekeeping Facilities and Services. 1. The physical plant shall be kept in good repair, neat, and attractive. The safety and comfort of the resident shall be the first consideration. 2. Janitor closets shall be provided with a mop-cleaning sink and be large enough in area to store house cleaning supplies and equipment. A separate janitor closet area and equipment should be provided for the food service area. This Statute is not met as evidenced by: Level II Based on observation, resident and staff interviews, record review and facility policy review, the facility failed to provide a safe, clean, homelike environment for Residents #11, and #60. This was for one (1) of four (4) hallways. Findings include: A record review of facility policy titled "Safe and Homelike Environment," dated 2024, revealed, "In accordance with residents' rights, the facility will provide a safe, clean, comfortable and homelike environment..." A record review of the facility policy titled, "Deep	M1010	A. For resident #60 an odor eliminator was placed on 03/05/2025 in close proximity to the resident's room to help eliminate the odor in the hallway. On 3/06/2025 the housekeeping supervisor put into place twice a day cleaning round to resident #60's room. For #11 the curtain was removed and cleaned on 3/06/2025. A 100% audit was done by the housekeeping supervisor of all curtains in the facility was completed on 3/06/2025. B. All residents on pink unit hall 2 in close relation to the smell of this room have the potential to be affected by the alleged deficient practice. All residents in facility	4/24/25

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M1010	Continued From page 22 Cleaning Rooms" undated revealed, (6) "Check all room curtains if it needs taking to laundry for washing." Resident #60 During an observation on 03/03/25 at 1:06 PM, an overwhelmingly strong and foul-smelling urine odor was noted in the hallway near Resident #60's room with the smell covering approximately 15 - 20 feet of the hallway from the resident's doorway. Upon opening the door to the resident's room, the foul smell was overpowering. Neither of the residents living in that room were in the room at the time. During an interview on 3/4/25 at 12:20 PM, Certified Nursing Assistant (CNA) #1 revealed Resident #60 frequently urinated on the floor while he attempted to use the toilet. She stated they have tried to mop the floor every hour or two and replaced the flooring in his bathroom, but the smell is still overwhelming. An observation during the interview confirmed that the urine smell in the hallway of Resident #60's room was still foul and overpowering. An interview on 3/4/25 at 12:25 PM, with CNA #3 confirmed that Resident #60's room and hallway near the resident's room had a strong smell of urine present. She stated she felt that the resident attempted to urinate in the toilet but would frequently miss and urinate on the floor. Her interview revealed that housekeeping mopped the floor every hour or two, but there was still a strong and very unpleasant smell, and she had several residents complain about the bad smell. During an interview on 3/4/25 at 12:30 PM,	M1010	who have curtains in their room have the potential to be affected by this alleged deficient practice. C. An in service was conducted by the Staff Development Coordinator on 3/18/2025 to all staff to report to supervisor any need for repairs to any rooms in the facility, any curtains that need to be cleaned, and any lingering odors that may be observed throughout the facility. D. Housekeeping supervisor to conduct an audit of four rooms throughout the facility and one room on hall two on the pink unit two times a week for four weeks starting 3/18/2025, then weekly times two weeks, then monthly to ensure solutions are sustained. The Administrator will review the audits two times a week for four weeks starting 3/18/2025, then weekly for two weeks, then monthly times two months to ensure solutions are sustained. The results of the audit will be reported to the quality assurance/performance improvement beginning on 4/24/2025, then quarterly to ensure that consistent substantial compliance has been met.	

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M1010	Continued From page 23 Licensed Practical Nurse (LPN) #3 confirmed that the urine smell in and near Resident #60's room had been an ongoing problem. She acknowledged that the resident "pees on the floor", and even though unintentional, it still smelled terrible and "it is not fair to other residents. This is their home, and they should not have to live in a stinky home." She stated she did not know what else could be done to improve the situation, but they have had residents and family members complain about the awful smell. During an interview with the Director of Nursing (DON) on 3/5/25 at 10:30 AM, he revealed he and the staff had worked with Resident #60 to try to improve this concern. They had assisted him with voiding in the toilet and even tried to encourage him to sit down while toileting. The resident was unwilling to try that and was unwilling to be prompted by staff to toilet more often. The DON stated the resident would go into the bathroom but before he was positioned properly, he would urinate on the floor. The DON confirmed that he was aware of the terrible smell in the resident's room as well as in the hallway surrounding the resident's room and had tried multiple things to help improve the smell. The floor was replaced which helped for a while, but he confirmed there was a foul odor in that area of the facility which had not been successfully resolved. During an interview on 3/5/25 at 10:35 AM, the Administrator stated she was aware of the foul urine odor in and near Resident #60's room. She stated multiple options had been tried such as replacement of the floor and wall in bathroom, resealing the toilet, mopping frequently, education and encouragement of resident with different techniques of voiding, but none of these led to a	M1010		

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CHOCTAW RESIDENTIAL CENTER	135 RESIDENTIAL CENTER RD CHOCTAW, MS 39350

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M1010	Continued From page 24	M1010		

permanent solution to the problem. She confirmed this concern had continued to occur and an acceptable and permanent solution had not been established. She also confirmed it was not fair for the other residents to have to accept this strong, foul urine smell in their home. She confirmed that each resident had the right to a clean, comfortable, homelike environment and the facility failed to provide this for the residents in that area.

Record review of Resident #60's "Admission Record" revealed the facility admitted him on 3/25/2019. Diagnoses included Chronic Obstructive Pulmonary Disease and Borderline Intellectual Functioning.

Record review of the MDS with an ARD of 1/10/25 revealed a Brief Interview for Mental Status (BIMS) score of 11 which indicated that Resident #60 had a moderate cognitive impairment.

Resident #11

An observation and interview on 3/03/25 at 12:05 PM, revealed multiple large splotched discolored areas to the privacy curtain visible upon entering Resident #11's room. Resident #11 revealed that "This curtain needs cleaning; they don't ever clean it."

An observation on 3/04/25 at 10:10 AM and again on 3/5/25 at 8:20 AM revealed the privacy curtain remained dirty with multiple large, discolored splotches throughout the fabric on the curtain.

During an observation and interview on 3/05/25 at 8:30 AM, LPN #2 confirmed the privacy curtain in Resident #11's room was dirty and stained and

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M1010	Continued From page 25 needed to be pulled down and cleaned. She revealed it is not a home-like environment and wasn't sure when it was last cleaned. During an observation and interview on 3/05/25 at 9:45 AM, the Administrator confirmed the privacy curtain in Resident #11's room was extremely dirty and stated, "I was just in this room yesterday and didn't even notice it." Resident #11 revealed "It's been dirty like this for a long time." A record review of Resident #11's "Admission Record" revealed the facility admitted the resident on 02/24/2012 with diagnoses that included Major Depressive Disorder, Unspecified Kidney Failure, and Anxiety Disorder. A record review of Resident #11's MDS Section C with an ARD of 1/23/2025 revealed a BIMS score of 15, indicating that the resident is cognitively intact.	M1010		
M1210	45.40.7 Walls and Ceilings Walls and Ceilings. All walls and ceilings shall be of sound construction with an acceptable surface and shall be maintained in good repair. Generally the walls and ceilings should be painted a light color. This Statute is not met as evidenced by: Level II Based on observation, resident and staff interviews, record review and facility policy review, the facility failed to provide a safe, clean, homelike environment for one (1) of 109 residents in the facility. Residents #6.	M1210	A. For resident #6 the plywood section behind the headboard was removed and the wall was repaired on 03/07/2025. B. All residents in the facility that have a plywood wall protector behind their bed has the potential to be affected by the alleged deficient practice.	4/24/25

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M1210	Continued From page 26 Findings include: A record review of facility policy titled "Safe and Homelike Environment," dated 2024, revealed, "In accordance with residents' rights, the facility will provide a safe, clean, comfortable and homelike environment..." Resident #6 During an observation and interview on 03/03/25 at 3:10 PM, Resident #6's room was noted to have a large section of the wall (approximately 3 feet by 3 feet) with scratches and paint missing. Behind the resident's headboard of her bed, a piece of plywood measuring approximately 4 feet by 3 feet was noted to be attached to wall. The plywood had large chunks of wood missing which left uneven and splintered edges on the broken part as well as on the edges of the plywood. Resident #6 stated she would like for it to be repaired. On 3/5/25 at 1:30 PM, during an observation and interview, the Administrator confirmed the paint on the wall was in disrepair and the broken and splintered plywood on the wall behind the resident's bed could cause an injury. She confirmed each resident should have a safe, clean, and homelike environment and the facility failed to provide this for Resident #6. Record review of "Admission Record" revealed the facility admitted Resident #6 on 12/16/2020. Diagnoses included Hemiplegia and Hemiparesis following Cerebral Infarction, Type 2 Diabetes Mellitus, and Dementia. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of	M1210	C. An in service was conducted by the Staff Development Coordinator on 3/18/2025 to all staff to report to supervisor any need for repairs to any rooms in the facility. D. Housekeeping supervisor to conduct an audit of five rooms two times a week for four weeks starting 3/18/2025, then weekly times two weeks, then monthly to ensure solutions are sustained. The Administrator will review the audits two times a week for four weeks starting 3/18/2025, then weekly for two weeks, then monthly times two months to ensure solutions are sustained. The results of the audit will be reported to the quality assurance/performance improvement beginning on 4/24/2025, then quarterly to ensure that consistent substantial compliance has been met.	

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M1210	Continued From page 27 12/19/24 revealed Resident #6 had a Brief Interview for Mental Status (BIMS) score of 15 which indicated the resident was cognitively intact.	M1210		